


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N19624**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF BAGDAD, INC.**



Principal Place of Business <b>4529 FORSYTH ST          P.O. BOX 247          BAGDAD, FL 32530-0247</b>	Mailing Address <b>4529 FORSYTH ST          P.O. BOX 247          BAGDAD, FL 32530-0247</b>
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01302006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1036027</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HOWE, JAMES M  
 6650 OLD BAGDAD HWY  
 MILTON, FL 32583**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BURROW, ROBERT C 6429 LYNNWOOD CIRCLE MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWE, JAMES M 6650 OLD BAGDAD HWY MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT GRIMES, BRUCE 4073 PACE LANE PACE, FL 32571
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 03/08/06--80055-012 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James M Howe 2-8-06 850-623-5121  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #